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AUTHOR Lasser, Barbara R.
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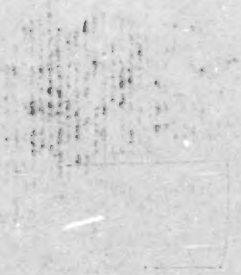

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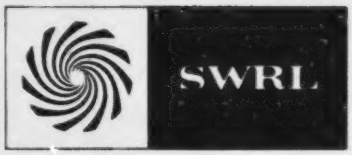

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CURRENT ISSUES IN OUTCOMES-BASED COUNSELING

Barbara R. Lasser

ABSTRACT

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CURRENT ISSUES IN OUTCOMES-BASED COUNSELING*

Barbara R. Lasser

When I was a graduate student, the counseling I saw practiced was generally not directed toward the attainment of specific goals. Counselors counseled, guiders guided, and observers behind one-way mirrors admired like mad. "Good job...great session...he's really coming along." Only the uninitiated asked why a session was good, or where a client had really come from and was really going. Like the emperor's new clothes, counseling goals were seen instinctively by the good, and pretenders to goodness played along.[1]

It may be partly a matter of having arranged my environment for minimal dissonance, but today goal-setting no longer seems very exceptional counseling behavior. And if counselors can't yet produce testimony to their practice of a systematic and comprehensive approach to counseling built on specific goals, they increasingly express a desire for assistance in implementing such an approach.

This paper is about outcomes-based counseling. That concept is defined, a case is made for its good-natured compatibility with a variety of counseling techniques, explanations for its relative disuse are considered, and suggestions for stimulating its use are presented.

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*Prepared for a symposium presentation at the Annual Meeting of the American Educational Research Association, Washington, D.C., March 31-April 4, 1975.

[1]I may have a distorted notion of the interest others will have in the following incident or of the implications they will draw from it. When as a student I expressed concern over vague goals and unsystematic procedures in counseling, a professor suggested that I seek counseling. From him. Always helpful, that man. Apparently he considered nebulous counseling goals just another ambiguity to which the adjusted adjusted.

John, What Is Outcomes-Based Counseling Anyhow?

Counseling that's outcomes-based is systematically directed toward the attainment of specific outcomes, or effects on the client. The term outcomes-based emphasizes concern with the desired and with the actual consequences of counseling, rather than with counseling procedures or counseling goals as ends in themselves. Essential steps in an outcomes-based counseling cycle may be conceptualized as:

1. Identifying goals, or desired counseling outcomes.
2. Identifying measures or indicators of actual counseling outcomes.
3. Identifying procedures and materials to promote desired outcomes (identifying treatment).
4. Implementing procedures and materials designed to promote desired outcomes (implementing treatment).
5. Assessing actual outcome attainment.[2]

The approach is characterized by purposefulness and careful management of resources, by a commitment to produce desired results efficiently and effectively. That's it. Nothing revolutionary about it.

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[2]The cycle can be embellished. For example, pretesting helps determine a client's entry level of outcome attainment. Counselors pretest when they gather initial (pre-treatment) data on behavior targeted for change. They informally pretest whenever they establish tentative goals with clients. The identification of a problem area or expression of desire that a personal condition be changed implies that present functioning in that area has been assessed and found wanting.

Another elaboration of the cycle is revision of the procedures and materials used to change behavior. If the counseling treatment is not promoting the desired goals, and if those goals still seem realistic and desirable to the client, then treatment revision or modification is in order.

But new terms are often appropriated and misapplied before the concepts they represent are understood or operationalized. Outcomes-based counseling may already be associated unnecessarily with a too-limited set of counseling techniques, a too-mechanistic attitude toward counselor function, a too-simplistic set of possible outcomes.

For all practical purposes there are no limits to the counseling contexts in which an outcomes-based approach, as defined by the five steps above, may be usefully employed. For example, outcomes-based counseling is applicable when working with groups or with individual clients, in schools or in clinics, to promote goals broadly classified as cognitive or emotional, general and developmental or personal and acute. Moreover, an outcomes orientation does not restrict the counselor to the use of certain techniques for promoting desired goals.[3]

An Outcomes Orientation in Behavioral and Insight Therapies: Two Examples

To illustrate, let's make up a client with a problem, and then plan a counseling treatment to remedy the problem. We'll flesh out an outcomes-based framework, first selecting specific treatment examples from

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[3]Counseling literature of the last six years or so has devoted increasing attention to techniques of behavioral counseling--techniques that generally derive from principles of learning theory. The basic cycle of steps in behavioral counseling is outcomes-based. Goals and indicators of goal attainment are identified, specific counseling techniques are purposefully selected and applied, and progress toward stated goals is regularly assessed. It is these general steps in the counseling process which signal an outcomes-based approach, and not the fact that the specific techniques used to promote behavior change in certain instances happen to be derived from learning theory. Other techniques for changing behavior could be introduced and the cycle would remain outcomes-based.

a behaviorist's repertoire and then from the repertoire of an "insight" counselor.[4]

The problem. The client expresses general discontent. One major problem that she identifies is her gambling. She loses more money than she feels she can afford to, argues with her husband about it, worries about it, and has not been able to stop gambling. She plays blackjack, roulette, and poker.

Identifying desired outcomes. The client says she wants to stop gambling or to greatly reduce her gambling-related financial losses.

Identifying indicators of outcome attainment. Time spent gambling does not seem to be a problem in itself. The client does not work, and has plenty of time on her hands. She and her husband estimate that she spends about one weekend a month in Las Vegas or Reno, and about 24 hours a week playing cards in Gardena, California. Her current losses average about $500.00 per month.

Reduction in the amount of money lost is identified as the criterion for success. Specifically, the client determines that she would like to reduce her losses to no more than $100.00 per month.

Identifying procedures and materials to promote counseling outcomes. The potential effectiveness of several different types of treatment procedures is considered, and the economy and manageability of each are discussed. The following treatment plan results:

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[4]The distinction drawn between insight and behavioral therapies in the following examples is not new, although the terms used to describe the two types of therapies may vary. The contrast is intended to reflect two distinct emphases among therapeutic techniques: 1) approaches that emphasize the underlying meaning or motives of behavior, and 2) approaches that manipulate behavior in order to eliminate problems, with little attention to hypothesized underlying causes.

- Client to explore alternative pastimes in discussions with the counselor.
- Counselor and client's husband to systematically reinforce client's consideration and pursuit of new non-gambling pastimes.
- Client's husband to non-reinforce client's gambling activities.
- Client to keep careful account of gambling gains and losses, and time spent in each gambling activity.

Implementing procedures and materials. The client's estimate of an average of $500 a month serves as a baseline figure of pretreatment gambling losses. The planned treatment is discussed and rehearsed with the client and her husband. Counseling sessions are held twice weekly.

Assessing outcome attainment. A portion of each counseling session is devoted to an assessment of progress toward reduced gambling losses. After eight weeks of counseling, the client's average monthly losses remain near the $500.00 baseline level. She has developed some new interests, and reports enjoying them, but has not lost her enthusiasm for gambling. Apparently she's learned to manage time efficiently and is able to accommodate new pastimes without breaking stride in her gambling.

Together, counselor and client decide it's time to try a new approach to the desired goal. Many techniques may be introduced. Here are some that are considered:

- A form of modeling--viewing films of attractive people enjoying non-gambling activities.

- Aversive conditioning--pairing gambling-related images and behaviors with stimuli unpleasant to the client.
- Tangible reinforcement of reduced gambling losses, perhaps turning the counseling experience itself into a game for the client--she pays so much per counseling session, and receives so much for every unit by which her gambling losses have been reduced in a given week.
- As the counselor is a Jewish behaviorist, a form of nudzhing may be used. For example, "Please, enough mishegoss already."[5]
- The counselor also considers this bull-by-the-horns approach--improving the client's gambling skills. While her enjoyment of gambling may be resistant to change, her talent at certain games may not be. Homework including reading assignments and practice of specific playing and betting strategies could be introduced.[6]

Let's take the same client, different counselor. Assume that the counselor is eclectic in approach but favors what are considered the

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[5]Mishegoss means craziness.

[6]I got a little carried away. The simple point of all this consideration of alternatives is that assessment of progress toward the client's counseling goal is not a single-step affair that seals and stamps a series of counseling sessions, success or failure. Rather, outcome assessment should be a continuing process that enables counselor and client either to verify the effectiveness of the treatment or to consider alternative treatments. Such assessment provides a sound basis for planning the continued course of counseling.

insight therapies over behavioral therapies.[7] Could the client still identify her gambling as a general problem area (step 1), and could she and the counselor agree that a reasonable goal is reduction of gambling losses to a level the client feels she can live with, say, no more than $100 a month (step 2)? Sure.

What about identifying procedures likely to promote that goal? No problem with this step either, except that the insight counselor is likely to prefer discussion procedures for promoting change, and to avoid both other types of counseling behavior and the use of materials.

Let's say this counselor, after talking with the client for several sessions, conceptualizes the problem in terms of a struggle between husband and wife. The client's position is seen as self-destructive and unrealistic, her gambling a manifestation of a generalized striving for power over her husband and others in her life. The counselor explains that therapy should help the client understand the dynamics of this problem and to substitute realistic for unrealistic life goals. Positive social feelings and community service ambitions will be developed in place of the client's less desirable strivings for power. Such a substitution should effect a decrease in gambling activity and in losses.

Begin treatment. Let's say that after eight weeks of counseling the client's gambling is as much a problem as ever. What treatment options are open? If the counselor does not regard the initial concep-

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[7] I hope that the point, that various techniques for changing behavior are accommodated by an outcomes-based counseling approach, does not suffer too much as a result of the hasty and heavy-handed rendering of alternative approaches to problem interpretation and to behavior change.

tualization of the problem and its treatment as the only plausible one, then there are many options. Review of the problem may suggest alternative explanations that will prove more useful in promoting the desired change. The counselor may consider, for example, that both husband and wife contribute to the perpetuation of this problem, that they play a game in which the wife is a naughty child and the husband a suffering parent. During subsequent counseling sessions, husband and wife may try this conceptualization of the problem on for size. If it seems to fit, solutions in the form of alternative behaviors may be explored and practiced. Once again, the treatment will be regularly subjected to the acid test: does it promote the desired counseling goal? If it does not, careful revision of counseling technique is again in order.[8]

What's the Catch?

Having argued that many types of counselors can follow an outcomes-based approach, I'd like next to consider why they do not do so.

Catch One: It seems easier not to. It is tempting to view the counseling process as an end in itself. Sitting with clients. Talking with them, listening to them, counting them.

Unmindful that counseling should promote specific desired behavior change, a counselor can just sit and shmoos with a client. With pride even.

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[8]If the counselor is committed to a single interpretation of the problem and to the treatment that should ensue, then only two options are available: 1) continue the same treatment; 2) refer the client to another counselor. Of these alternatives, only the latter is at all responsive to client behavior, or progress toward stated goals.

Catch Two: It seems safer not to. When counseling goals are stated in terms of measurable client behavior, the counselor's professional competence is clearly on the line. Counseling skills are reflected by the degree to which specific counseling goals are attained, and by the time and cost required to attain them.

Contrast this strict accountability with the no fault benefit that applies when counseling goals are not clearly stated. In many traditional counseling relationships, if the client doesn't improve, we give the mysterious therapeutic process more time. What's taken 30 years to develop (why not 300 years?) can't be changed overnight.

Catch Three: It seems more elegant not to. The role of the wise, invulnerable, god-like therapist is attractive and self-enhancing. Counseling skills are not demonstrated and assessed, they are assumed.

Traditional counseling relationships in which outcomes are not stressed are appealing to many clients, as well. In the extreme, the client assumes an egotistical, child-like role, with little real responsibility for changing behavior. All you gotta have is trust.

Contrast this with the roles suggested by an outcomes-based counseling approach. The counselor is just a person whose skills are evaluated by the results they promote. Counseling style is regarded only as a means to promoting desired goals, and not as an end in itself.

The client, a partner in the process of changing behavior, works at it and may learn techniques that will be helpful in future problem management. The counselor is a resource, but no Big Daddy. Neither counselor nor client finds comfort in the decorum of the therapeutic pageant itself; the goal is to get the job done. Sounds pretty dull. All it does is work.

But effectiveness should be, after all, a pretty attractive feature. Unless...Catch Four: Specific goals seem so mundane.

Most of us wouldn't know a self-actualized, or a fully functioning person if one came up and bit us on the nose. In order to plan a counseling treatment to accomplish desired goals, it is therefore necessary to state those goals explicitly, so that we know for sure what we want to do and when we have done it.[9]

Alright, I'll go first. Some important characteristics of a fully-functioning person:

1. Laughs a lot.
2. Reports being happy, or content most of the time.
3. Dislikes few people.
4. Enjoys work.
5. Pursues at least two hobbies.
6. Occasionally bites someone on the nose.

The characteristics I've listed need to be defined more specifically. Even at this level of specificity, however, the desirability of each can be questioned.

It seems easy to reach consensus regarding the desirability of a goal like self-actualization. Push for operational definitions of the term and you'll find that the agreement was an illusion. Self-actualization will mean something different to each person. Further, few

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[9]Several years ago I invited some friends over for a sumptuous holiday brunch. Come Sunday morning I had to operationalize the goal: lox, bagels, cream cheese, black olives. Ben Munger, evidently not in the mood for a sumptuous brunch, made himself a bologna sandwich. Some people can't let themselves enjoy anything.

will be as happy with their own specific definitions as they were with the undefined term. Who among us would not rather be self-actualized than merely laugh a lot, enjoy work, enjoy leisure, and have a few good friends?

It is not easy to identify behaviors that we are satisfied adequately represent our important goals. But eschewing pursuit of specific goals does not facilitate attainment of the ephemeral and wonderful. We must press on.

Catch Five: (More people do not practice outcomes-based counseling because) They'd like to but they need help.

Now we're getting somewhere. Counselors who see the virtue in an outcomes-based approach may not know how to put it into practice easily. Much writing about counseling that is essentially outcomes-based is itself vague. A general form may be presented, but little substance. Not much help.[10]

School counselors concerned with developing outcomes-based programs for use with groups of clients may have the hardest time of it. The most helpful examples of outcomes-based approaches in the counseling literature are often taken from clinical settings, with individual clients, using behaviorial techniques for promoting desired change. Even the most conscientious school counselor is not likely to dash home after work, journals and dissertation abstracts in hand, anxious to begin teasing out implications for the practice of outcomes-based counseling in schools. Backing up a little, imagine how overwhelming the task of

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[10]For example, see the five steps in outcomes-based counseling presented earlier in this paper.

planning, organizing, and implementing an outcomes-based counseling program at the district level.[11]

How Can We Help?

Following are suggestions for efforts to increase the motivation and the skill of counselors in all settings to implement outcomes-based counseling.

Case Studies (printed materials, reports, films, filmstrips, audiotapes)

- that demonstrate non-behavioral as well as behavioral techniques used effectively to promote specific outcomes;
- that demonstrate outcomes-based counseling used effectively in a variety of settings;
- that demonstrate outcomes-based counseling used effectively with groups as well as with individual clients.

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[11] Not long ago the Director of Counseling Services in a large (over 50,000 pupils) southwestern school district was asked what counseling goals were being pursued by his staff. He said their only goal was survival.

Do not conclude that this head head man did not know a goal from a hole in the ground. He resisted adopting nifty goal statements simply to lend new status to tired old counseling practices. And he did not have the time or the resources to organize and develop a comprehensive, outcomes-based counseling program from the ground up (note that in this example goals and ground are actually one).

Yet as accountability for results receives increasing emphasis in all areas of education, that Director of Counseling Services, and counselors in general, may find that their professional survival depends on their ability to demonstrate progress toward clearly stated counseling goals.

Campaigns

- to legitimize outcomes-based counseling by the endorsement of leaders who collectively represent a wide range of counseling systems, and who agree that an outcomes orientation is not the exclusive right of behaviorists any more than empathy is the exclusive earmark of Rogerians.
- to enhance the counseling sophistication of the public; to increase public understanding that specific results may be expected from counseling.[12]

Workshops and Training Institutes

- on outcomes-based counseling sponsored by professional counseling and education organizations, service-oriented R&D labs and centers, or state education agencies.

Exportable Training Materials (inservice and preservice)

- designed to facilitate group instruction and practice of outcomes-based counseling skills;
- designed for individual study and practice of outcomes-based counseling skills.

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[12]We might make more rapid progress towards effective outcomes-based instruction and counseling if more of our schools operated under a voucher or free market system. Many counselors in non-school settings already operate under such a system. The dissatisfied client can fire the counselor and seek help elsewhere. Unfortunately many clients are unsophisticated consumers of counseling and do not expect very specific counseling results, or do not expect results very quickly. A related problem is that many associate counseling or therapy only with insight approaches, almost always with traditional psychoanalytic therapy. More enlightened clients would do much toward directing counselor attention to specific outcomes.

Counseling Materials

- ranging from sets of goals or desired outcomes in various problem areas, to assessment instruments or items to measure the outcomes, to tested procedures and materials for promoting the desired outcomes.

Now I'd like to suggest some ways we can help specifically with regard to counselors in the schools. I choose school counselors because they work with a wide range of clients and problems, they are under increasing pressure to show results, and neither professional organizations, educational research and development agencies, federal or state education agencies, nor commerical publishers are of much assistance at present.

Every school district ought to have a statement of instructional goals. And every school district that provides counseling services ought to have a statement of counseling goals. The two sets of goal statements should be similar in several ways:

1) The method by which they were generated.

2) The scope of outcomes and kind of performance levels included.

3) The purpose for which they are used.

This means 1) that if instructional goals are determined through a district-wide needs assessment procedure in which various groups rate the importance of various possible goals, then counseling goals should be determined through a similar process; 2) that counseling outcomes, like instructional outcomes, should be stated in terms of measurable student behavior, and should cover all of the important counseling outcomes that the district hopes to achieve with all of its students; and

that if desired levels of performance are indicated they refer to minimum levels of student, and/or class, and/or school performance; 3) that such goals be used as a basis for planning, providing, and evaluating counseling services in the district.

Tall order. And a more difficult order to fill in counseling than in instruction today because there is much less help available to the counselor than to the teacher in the form of materials, methods, money, and people.

The suggestions for encouraging counselors to use outcomes-based procedures listed at the beginning of this section apply here as well. Following are more detailed suggestions for helping school counselors move outcomes-based counseling from rhetoric to reality.

- Inter-District Communication and Sharing Regarding Specific Goals. Writing goals is difficult and time-consuming. This is particularly true of affective goals, and of goals involving higher-order cognitive behaviors.

Districts might share information about counseling goals identified by their staffs, students, and community. They might also pool their goal-setting efforts by establishing cooperatives for writing sets of goals and measurement items in basic counseling areas. All goals need not be adopted by all cooperating districts. Rather, they expand the outcome options available to a district.

- Inter-District Communication and Sharing Regarding Goal-Setting Procedures. Determining procedures for setting and prioritizing goals is also difficult and time-consuming. Districts should benefit from sharing information regarding the procedures followed in goal-setting

and prioritizing. For example, regarding goal setting: Were all goals written by district personnel, or were external sources of goal statements consulted? What outside sources of goals were used? Were groups of people assigned responsibility for writing goals in specific outcome areas, or did all groups work on goals in all areas? How was the composition of goal-writing groups determined? How were instruction or guidelines in goal-writing provided? How were broad goal areas identified?

Regarding prioritizing: What groups were consulted regarding the relative importance of the various goals? How was the composition of the groups determined? How specific were the goal statements submitted to the various groups? How were the preferences of each group weighted? Who participated in the weighting determination? Were all outcomes rated by all groups, or were sampling procedures used? How was information regarding desired proficiency levels (criterion levels) gathered? How were proficiency level options stated to be sensitive to differing goal characteristics?

These questions suggest just a few of the problems districts face in setting goals. And they argue persuasively for the potential benefit of sharing information about useful goal-setting procedures.[13]

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[13]At first it might seem that counselors should have an easier time than teachers when it comes to setting and prioritizing certain goals. For example, in some counseling situations only unique, individual client goals are appropriate. Setting and prioritizing these goals is generally a task in which only client and counselor participate.

But there should be a mechanism for including widely different personal goals in district goal statements, and for evaluating the ade-

• Inter-District Sharing of Information on the Effectiveness of Specific Materials and/or Procedures in Promoting Specific Outcomes with Specific Types of Clients. After replicable treatments are evaluated against defined criteria, it would be useful for records of their effectiveness to be shared among districts. Such reports would be valuable because:

a) They would facilitate selection of treatments based on

(13, Continued)

quacy of counseling in promoting those goals as well as the goals established for all students. Such a mechanism must accommodate diverse individual and idiosyncratic goals under a manageable number of more broadly-applicable goals.

Not that counseling with individual clients should be evaluated only on the basis of attainment of goals that apply to all. On the contrary, an indispensable index of the effectiveness of each counseling treatment is the degree to which the specific goals of that treatment, as defined by client and counselor, are attained. A second index, however, can provide a broader perspective on the effectiveness of school counseling.

For example, decisionmakers in district A may want students to have confidence in their ability to solve personal problems, and to obtain assistance in solving such problems, when necessary. They might translate that desire into an outcome statement such as: The student, when presented with hypothetical problem situations, will express agreement with people whose behavior indicates confidence in their ability to solve personal problems, and disagreement with people whose behavior indicates lack of confidence in their ability to solve these problems.

Counselors in this district might not develop a counseling sequence specifically to promote the goal of personal confidence in problem solving. They may consider it a more general outcome that should result from effective counseling and the development of generalizable problem-solving skills in various counseling outcome areas. Performance on an instrument designed to assess the above outcome would reflect, in part, the effectiveness of counseling directed toward the solution of individual client problems.

their demonstrated effectiveness in promoting specific goals with specific types of students.[14]

2) Data regarding the level of attainment of specific goals would assist district personnel with similar goals in determining performance standards for their own students. Standards, of course, might be adjusted in accordance with 1) varying student characteristics, or 2) varying treatments.

• Objectives Banks. Agencies such as the Instructional Objectives Exchange (IOX)[15] solicit goals and objectives in a wide range of curriculum areas from districts nation-wide, and make them available to interested educators. IOX staff also develop assessment items to accompany each objective, and write additional objectives and tests in areas

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[14]It is, of course, critical that the counseling treatments reported be replicable. If materials were used, we need to know specifically what they consisted of and how they were used. If treatment was based on procedures, we need to know specifically what was done. This information is necessary for intra- as well as inter-district communication and planning.

I recently read an account of what was considered an exemplary counseling program. Specific outcomes were stated, criterion measures had been identified, and various counseling procedures had been implemented and evaluated. Only one counseling procedure was described in any but the most general terms, however. Counselors reading the report would be hard-put to duplicate the treatment used to improve pupils' self-esteem, for example, as it was described only as "group counseling."

[15]Instructional Objectives Exchange, Post Office Box 24095, Los Angeles, California 90024. Two sets of objectives and assessment items are currently available from IOX in counseling-related areas: self-concept and attitude toward school. The development of additional sets is contemplated. IOX also plans to solicit data from various groups (e.g., students, parents, teachers, administrators, futurists) regarding the perceived importance of specific outcomes. Such preference data will be available to interested districts, and may be particularly useful in shortcutting certain needs assessment activities.

lacking objectives. Such objectives collections are not intended to dictate goals counselors should pursue, but rather to provide alternatives they may wish to consider.

- Exportable Counseling Materials. Counseling goals do not a counseling program make. Also necessary are tests or other measures of goal attainment, and materials and procedures to promote counseling goals. Selection or development of these outcome-specific materials is an enormous task.

The wide-scale effectiveness of school counseling would be enhanced by the development and availability of comprehensive sets of materials for the promotion of specific counseling goals. Such sets of materials or programs, might be based on counseling research, but should translate research data into materials and methods directly useful to the school counselor. Data on the effectiveness of specific programs with various groups of users would enable counselors to make informed program selection decisions.

Such programs might be developed by school districts, universities, state or federal education agencies, or professional counseling associations. Commercial educational publishers and educational research and development labs are perhaps better prospects, as they are more likely to have the resources and the experience to conduct comprehensive development efforts. Whatever the nature of the development agency, school districts and school counselors would necessarily play a major role in the field testing of exportable counseling programs.

- Installation Provisions. These last two points, sets of outcomes and accompanying test items (such as IOX provides), and complete

counseling packages or programs for the promotion of specific goals, (including outcomes statements, measures of outcome attainment, and quality-verified procedures and materials), hold the greatest promise for stimulating the successful practice of outcomes-based counseling. Efforts to develop such materials can't be undertaken independent of efforts to provide for their smooth installation and implementation in the schools. Many effective instructional materials developed for wide-scale school use are either not adopted or are adopted but never used because of insufficient attention to installation considerations.

To encourage adoption of counseling materials, attention must be directed not only to developing a broad base of user support through carefully planned, placed, and executed liaison and field testing activities, but also to exploring new means of stimulating installation, for example, through incentive funding programs. To ensure proper use after adoption, attention should be directed to preparing materials for training counselors in program use, materials for structuring program-related inservice meetings for counselor supervisors, materials for informing the community about to-be-installed or newly installed programs, materials providing options for the structured assistance of non-professionals in counseling support roles, mechanisms for obtaining continuing information regarding program effectiveness and user reactions subsequent to program adoption. If the development agency is involved in marketing the program, attention will also be required to ordering, packaging, and delivery procedures. At the least, suggestions from the development agency regarding these procedures will be necessary.

Get the Hook

To sum it up, an outcomes-based approach offers the promise of efficiency and effectiveness in counseling, and neither precludes nor dictates the use of certain techniques for changing behavior. It is an economical extra that respects the integrity of the counseling techniques with which it is used.

The success promised by outcomes-based counseling is appealing; experiencing that success is irresistible. The most persuasive argument for the approach is successful practice of it.

But outcomes-based counseling initially requires the planning and preparation of outcomes, measurement instruments, and counseling materials and procedures. The burden on counselors for the planning and development of such materials and methods, while continuing full speed with their regular counseling responsibilities, is superhuman. The expectation that they can do it is naive.

Alternatives to assigning practicing counselors such responsibility include independent or cooperative development efforts by agencies devoted to research and development in education, commercial publishers in education, universities with educational development programs, professional education and counseling organizations, and state and federal education agencies. The products of these efforts, ranging from sets of counseling outcomes and related measurement items, to comprehensive counseling programs including outcomes, tests, counseling materials and procedures, and training and installation materials, are critical to effecting large-scale improvement in counseling. They are what it will take to translate outcomes-based counseling from a nice idea to an effective counseling tool.